

Annual Risk Assessment

County _____

Center Name _____

Area Reviewed	Max. # of "No's" before considered high risk	High Risk	Low Risk
Program Activities	2		
Emergencies	0		
Facility	1		
Governing Body / Policy Statement	0		
Health Services	2		
Medications	0		
Nutrition	0		
Participant Records	3		
Personnel	1		
Program Evaluation	0		
Program Records	0		
Transportation	1		
Special Care Services	0		
Adult Day Care Coordinator Recommendation:			
Signature: _____			